

# U.S. Department of Transportation Annual Inspection

Carrier Name	Street Address	City	State	Zip
Owner (If Not Motor Carrier)	Street Address	City	State	Zip
Vehicle Type	Make	Model	Year	Unit Number
Vehicle ID Number		Base Plate Number/State		

<b>REPORT OF CONDITION</b>											
	Pass	Did Not Pass	Required Repairs		Pass	Did Not Pass	Required Repairs		Pass	Did Not Pass	Required Repairs
<b>BRAKES</b>				<b>EXHAUST</b>				Power Steering			
Adjustment				Leaks				Other			
Mechanical Components				Placement				<b>SUSPENSION</b>			
Drum/Rotor				<b>FUEL SYSTEM</b>				Springs			
Hose/Tubing				Tank(s)				Attachments			
Lining/Pads				Lines				<b>FRAME</b>			
Low Air Warning				<b>LIGHTING</b>				Members			
Trailer Air Supply				Headlights				Clearance/Tire & Wheel			
Compressor				Tail/Stop Lights				Sliders			
Parking Brakes				Clearance/Marker Lights				<b>TIRES</b>			
Absence of Braking Action				Identification Lights				Tread			
Mismatch Across Axle				Reflectors				Inflation			
Electric Brakes				Other				Damage			
Hydraulic Brakes				<b>CAB/BODY</b>				Other			
Vacuum System				Equipment/Load Secure				<b>WHEELS/RIMS</b>			
Other				Tie-Downs				Fasteners			
<b>COUPLERS</b>				Headerboard				Disc/Spoke			
Fifth-Wheel & Mount				Other				<b>WINDSHIELD</b>			
Pin/Upper Plate				<b>STEERING</b>				<b>WINDSHIELD WIPERS</b>			
Pintle-Hook/Eye				Adjustment							
Safety Devices				Column/Gear							
Saddle-Mounts				Axle							
				Linkage							

This vehicle has passed the annual inspection as required by 49 CFR § 396.17 through § 396.23.

Inspector's Name (Please Print)	Inspector's Signature	Month/Day/Year
Inspection Location	Street Address	City
		State
		Zip

This vehicle did not pass the annual inspection as required by 49 CFR § 396.17 through § 396.23 as checked above.

Inspector's Name (Please Print)	Inspector's Signature	Month/Day/Year
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